



MISSOURI DEPARTMENT OF REVENUE **2008 FORM MO-1040**
INDIVIDUAL INCOME TAX RETURN—LONG FORM

FOR CALENDAR YEAR JAN. 1—DEC. 31, 2008, OR FISCAL YEAR BEGINNING
 2008, ENDING 20

AMENDED RETURN — CHECK HERE

SOFTWARE
VENDOR CODE **002**

NAME AND ADDRESS

SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

NAME (LAST) (FIRST) M.I. JR, SR

☐ DECEASED
IN 2008

SPOUSE'S (LAST) (FIRST) M.I. JR, SR

IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)

COUNTY OF RESIDENCE

SCHOOL DISTRICT NO.

PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE)

CITY, TOWN, OR POST OFFICE

STATE ZIP CODE

You may contribute to any one or all of the trust funds on Line 45. See pages 9–10 for a description of each trust fund, as well as trust fund codes to enter on Line 45.



Children's



Veterans



Elderly Home
Delivered
Meals



Missouri
National
Guard



Workers'
Memorial



Childhood
Lead
Testing



Missouri
Military
Family
Relief



General
Revenue



After
School
Retreat

PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AS OF DECEMBER 31, 2008.

AGE 62 THROUGH 64

☐ YOURSELF
☐ SPOUSE

AGE 65 OR OLDER

☐ YOURSELF
☐ SPOUSE

BLIND

☐ YOURSELF
☐ SPOUSE

100% DISABLED

☐ YOURSELF
☐ SPOUSE

NON-OBLIGATED SPOUSE

☐ YOURSELF
☐ SPOUSE

INCOME

1. Federal adjusted gross income from your 2008 federal return (See worksheet on page 6.)
2. Total additions (from Form MO-A, Part 1, Line 6)
3. Total income — Add Lines 1 and 2.
4. Total subtractions (from Form MO-A, Part 1, Line 13)
5. Missouri adjusted gross income — Subtract Line 4 from Line 3.
6. Total Missouri adjusted gross income — Add columns 5Y and 5S.
7. Income percentages — Divide columns 5Y and 5S by total on Line 6. (Must equal 100%).

Yourself			Spouse		
1Y	00	1S	00		
2Y	00	2S	00		
3Y	00	3S	00		
4Y	00	4S	00		
5Y	00	5S	00		
6			00		
7Y	%	7S	%		

EXEMPTIONS AND DEDUCTIONS

8. Pension and Social Security/Social Security disability exemption (from Form MO-A, Part 3)
9. Mark your filing status box below and enter the appropriate exemption amount on Line 9.

<input type="checkbox"/> A. Single — \$2,100 (See Box B before checking.)	<input type="checkbox"/> E. Married filing separate (spouse NOT filing) — \$4,200
<input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00	<input type="checkbox"/> F. Head of household — \$3,500
<input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200	<input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500
<input type="checkbox"/> D. Married filing separate — \$2,100	

10. Tax from federal return (**Do not enter amount from your Form W-2(s)—Do Not Enter Federal Tax Withheld.**)
 - Federal Form 1040, Line 56 minus Lines 45 and 64a; or
 - Federal Form 1040A, Line 35 minus Line 40a and alternative minimum tax on Line 28; or
 - Federal Form 1040EZ, Line 11 minus Line 8a

11. Other tax from federal return — **Attach copy of your federal return (pages 1 and 2).**
12. Total tax from federal return — Add Lines 10 and 11.

13. **Federal tax deduction — Enter amount from Line 12 not to exceed \$5,000 for individual filer; \$10,000 for combined filers.**

14. Missouri standard deduction OR itemized deductions. Single or Married Filing Separate — **\$5,450**; Head of Household — **\$8,000**; married Filing a Combined Return or Qualifying Widow(er) — **\$10,900**; If you are age 65 or older, blind, claimed as a dependent, or if you claimed an additional standard deduction, see your federal return or page 7. If itemizing, see Form MO-A, Part 2.

15. Number of dependents from Federal Form 1040 OR 1040A, Line 6c (**DO NOT INCLUDE YOURSELF OR SPOUSE.**)

X \$1,200 =

16. Number of dependents on Line 15 who are 65 years of age or older and do not receive Medicaid or state funding (**DO NOT INCLUDE YOURSELF OR SPOUSE.**)

X \$1,000 =

17. Long-term care insurance deduction
18. Health care sharing ministry deduction
19. Total deductions — Add Lines 8, 9, 13, 14, 15, 16, 17, and 18
20. Subtotal — Subtract Line 19 from Line 6.

21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S.
22. Enterprise zone or rural empowerment zone income modification
23. Subtract Line 22 from Line 21. Enter here and on Line 24.

8	00		
9	00		
10	00		
11	00		
12	00		
13	00		
14	00		
15	00		
16	00		
17	00		
18	00		
19	00		
20	00		
21Y	00	21S	00
22Y	00	22S	00
23Y	00	23S	00

Do not include yourself or spouse.

		Yourself		Spouse													
TAX	24. Taxable income amount from Lines 23Y and 23S	24Y	00	24S	00												
	25. Tax. (See tax table on page 38 of the instructions.)	25Y	00	25S	00												
	26. Resident credit — Attach Form MO-CR and other states' income tax return(s). OR	26Y	00	26S	00												
	27. Missouri income percentage — Enter 100% unless you are completing Form MO-NRI. Attach Form MO-NRI and a copy of your federal return if less than 100%. Check the box if you or your spouse is a professional entertainer or a member of a professional athletic team. <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	27Y	%	27S	%												
	28. Balance — Subtract Line 26 from Line 25; OR Multiply Line 25 by percentage on Line 27.	28Y	00	28S	00												
	29. Other taxes (Check box and attach federal form indicated.) <input type="checkbox"/> Lump sum distribution (Form 4972) <input type="checkbox"/> Recapture of low income housing credit (Form 8611)	29Y	00	29S	00												
	30. Subtotal — Add Lines 28 and 29.	30Y	00	30S	00												
	31. Total Tax — Add Lines 30Y and 30S.	31			00												
	PAYMENTS / CREDITS	32. MISSOURI tax withheld — Attach Form W-2(s) and/or Form 1099(s).	32			00											
		33. 2008 Missouri estimated tax payments (include overpayment from 2007 applied to 2008)	33			00											
34. Missouri tax payments for nonresident partners or S corporation shareholders — Attach Form MO-2NR.		34			00												
35. Missouri tax payments for nonresident entertainers — Attach Form MO-2ENT.		35			00												
36. Amount paid with Missouri extension of time to file (Form MO-60)		36			00												
37. Miscellaneous tax credits (from Form MO-TC, Line 13) — Attach Form MO-TC.		37			00												
38. Property tax credit — Attach Form MO-PTS.		38			00												
39. Total payments and credits — Add Lines 32 through 38.		39			00												
AMENDED RETURN	Skip Lines 40–42 if you are not filing an amended return.																
	40. Amount paid on original return	40			00												
	41. Overpayment as shown (or adjusted) on original return	41			00												
	INDICATE REASON(S) FOR AMENDING.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			M	M	D	D	Y	Y						
	M	M	D	D	Y	Y											
	<input type="checkbox"/> A. Federal audit Enter date of IRS report.																
	<input type="checkbox"/> B. Net operating loss carryback Enter year of loss.																
	<input type="checkbox"/> C. Investment tax credit carryback Enter year of credit.																
	<input type="checkbox"/> D. Correction other than A, B, or C ... Enter date of federal amended return, if filed.																
42. Amended Return — total payments and credits. Add Line 40 to Line 39 or subtract Line 41 from Line 39.	42			00													
REFUND OR AMOUNT DUE	43. If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference (amount of OVERPAYMENT) here.	43			00												
	44. Amount of Line 43 to be applied to your 2009 estimated tax	44			00												
	45. Enter the amount of your donation in the trust fund boxes to the right. See instructions for trust fund codes.	45	00	00	00												
	<div style="display: flex; justify-content: space-around; font-size: small;"> <div> Children's</div> <div> Veterans</div> <div> Elderly Home Delivered Meals</div> <div> Missouri National Guard</div> <div> Workers' Memorial</div> <div> LEAD Childhood Lead Testing</div> <div> Missouri Military Family Relief</div> <div> General Revenue</div> <div> After School Retreat</div> <div>Adtl. Trust Fund Code (See Instr.)</div> <div>Adtl. Trust Fund Code (See Instr.)</div> </div>																
	46. Overpayment to be refunded to you. Subtract Lines 44 and 45 from Line 43 and enter here. Sign below and mail return to: Department of Revenue, PO BOX 500, JEFFERSON CITY, MO 65106-0500		46		00												
	47. If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of UNDERPAYMENT) here.		47		00												
	48. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here.		48		00												
	49. Total amount due — Add Lines 47 and 48 and enter here. Sign below and mail return and payment to: Department of Revenue, PO BOX 329, JEFFERSON CITY, MO 65107-0329. Please write your social security number(s) and daytime phone number on your check or money order (U.S. funds only).																
	Make payable to Missouri Department of Revenue. AMOUNT YOU OWE		49		00												
	If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically.																
SIGNATURE	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens.																
	I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. <input type="checkbox"/> YES <input type="checkbox"/> NO		E-MAIL ADDRESS		PREPARER'S TELEPHONE												
	SIGNATURE	DATE	PREPARER'S SIGNATURE		FEIN, SSN, OR PTIN												
	SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)		DAYTIME TELEPHONE	PREPARER'S ADDRESS AND ZIP CODE		DATE											